

**17th Annual History of  
Medicine Dinner and  
Lecture Featuring Former  
Director of Nevada  
Historical Society Eric  
Moody**

The annual history of medicine dinner and lecture will be held on November 18, 2010, 6:30 PM, at the Eldorado. Eric Moody is the feature speaker and his subject is: "Beer, Health, and Recreation on the Comstock." The public is invited. The dinner is \$35 and reservations should be made with Lynda McLellan at the Department of Pathology, 784- 4068.

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*Eric Moody*

# History of Dermatology in Reno

By Rod Sage, MD

Dermatology is a medical discipline that can be traced to antiquity and is thought by historians to be the oldest medical specialty. The skin, being an external organ and visible to anyone interested, readily presents its afflictions for study and treatment. The fact that so many of those rashes look alike has led to great confusion, which in the course of time has been enhanced by the nomenclature of skin disease. One practice has been to label a disease after some early observer, who gained immortality by attaching his name to a new mystery eruption. Further confusion results when a skin problem may be described with Greek or Latin whoppers. Here is a relative well-known example—pityriasis lichenoides et varioliformis acuta, also known by its eponym as Mucha-Haberman Disease.

Perhaps because skin diseases are rarely fatal, dermatology has been considered more of a minor specialty, but to those suffering with a skin problem it is a major issue. And more so if the problem is one of the viral poxes or blistering disease such as pemphigus—very serious indeed!

The American Board of Medical Specialties was conceived in the early 1920s and incorporated in 1932. Its initial organization was the American Board of Dermatology and Syphilology. Syphilis was a major cause of skin afflictions before the age of penicillin. The syphilis designation was dropped in the 1960s when penicillin had all but eliminated syphilis, but as it turned out only temporarily because syphilis made resurgence.

Dr. Charles McNitt was the first certified dermatologist to practice in northern Nevada. He was a medical graduate of Columbia University where he also trained in dermatology. He came to Reno in 1946 and practiced until 1957. Dr. Mortimer Falk came to town in 1952 and continued practicing until 2002. He graduated from the University of Michigan School of Medicine and trained in dermatology at the University of Pennsylvania. The third early skin specialist was your author, Dr. R.D. Sage, who came to Reno from Stanford University in 1958.

In earlier times the first dermatologists served the northern half

of Nevada and a wide swath into Northeastern California from Alturas to Bishop. With the retirement of Dr. McNitt in 1957, Dr. Falk had the sole responsibility for the dermatology problems of this large area until Dr. Sage arrived. The situation was stable until the mid-1970s, at which time the population of Nevada and the numbers of new physicians, both specialists and generalists, began to surge. (The population of Reno, Sparks, Carson City, and contingent areas in the mid-1950s was close to 60,000, now it has burgeoned to 3,000,000, while the state is 3,000,000.)

Until the last quarter of the twentieth century the numbers of certified American skin specialists was stable at 1,500, and they tended to cluster around larger cities, especially if a medical school was nearby. The most recent estimate of American dermatologists approaches 18,000.

Treatment modalities, until the recent twenty years, were rather stable. The most used and dependable was ultraviolet light for inflammatory ailments including acne, psoriasis, pityriasis rosea, and many forms of eczema. We also treated acne and stubborn inflammatory dermatoses with x-ray therapy, but this method is now outmoded because of the fear of radiation side effects and the development of better treatment forms.

Topical management of skin problems was, and still is, the mainstay of the dermatologist, and more so fifty years ago. A fair amount of hocus pocus helped in the concoction of our various potions, lotions, and brews containing mixtures of tar, sulfur, salicylic acid, menthol and phenol, to anchor our therapeutic arsenal in the control of itching and inflammations. In recent years these nasty looking stinky messes have given way to the more tolerable and effective steroid preparations for use both outside and inside the skin. To control itching many older skin doctors used a number of sedatives, such as barbiturates, chloral hydrate, and even aspirin. Currently tranquilizers, antihistamines, and some of the recently developed immune modulating drugs are the mainstay of treatment. There was once a great reliance on dietary measures, the most memorable being the dictum against eating

chocolate to control acne. We now know that is mostly nonsense.

The 1970s coincided with the establishment of the University of Nevada School of Medicine (UNSOM), which opened in 1970 as a two-year program with thirty-two students and expanded to a four-year MD granting program in 1978. The first class of thirty-six with a MD degree graduated in 1980. With the growth of UNSOM, the facilities in Reno and Las Vegas have developed superb teaching programs.

Reno surgeon Dr. Fred Anderson is named the founding father of UNSOM, having been in the forefront of a lengthy struggle for funding from the Nevada Legislature. Ultimately, a multi-year donation from the Howard Hughes Foundation convinced the Legislature to fund the school. Not to be forgotten are the numerous Nevadan physicians and generous lay persons, who helped make the new school possible. The class size has been steady at close to sixty in the last few years. At first males predominated, but in recent years the distribution by sexes is equal.

Initially most of the medical classes were held on the UNR campus and at the Veterans Hospital. The early focus was on the preclinical sciences (anatomy, physiology, pharmacology and biochemistry).

*To be continued in the next  
Greasewood Tablette.*

## **Stinkheads and Stinky Tails: The History of Botulism among Native Alaskans**

By Kristina Eaton, MS II

Continued from Volume XXI  
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The number of people with experience preparing stinkheads has decreased dramatically. Fewer people learned the traditional techniques of fermentation from their parents and grandparents, and the number of times each year that they do their

own fermenting is far less than it was for their elders. Customarily, fermented fish head preparation began by rinsing the fish heads in water. The heads were then placed in a hole in the ground that was lined and covered with grass. The fermentation process lasted approximately two weeks before the fish heads were exhumed and eaten, "once the bones [had] become the same consistency as the general mass."

In modern fermentation of fish heads, the heads are frequently placed in a container, such as a plastic bucket, glass jar, or wooden barrel, rather than being placed directly into a hole in the ground. The bucket may have a cloth or burlap covering, or may be covered with an airtight plastic lid, which increases the likelihood of anaerobic conditions. Then the container is placed in a cool, shaded area, such as in a storage shed or smokehouse. In one reported outbreak in the Bristol Bay area in July 1985, a food preparer placed more than 50 king salmon heads in a wooden barrel, added fish entrails, and covered the top with canvas. Despite having been warned as a child that the sun's rays had a "death meaning," she set the barrel out in the open above ground for more than two weeks instead of placing the barrel in a pit in the ground for a week as was usually done by her family. Eight cases of botulism resulted from consumption of her fermented salmon fish heads.

The containers, which can easily be sealed, create anaerobic conditions under which the botulinum toxin can easily form. Toxin production is also temperature dependent, and was less likely to occur at the lower temperatures attained during traditional underground fermentation. Although high salinity and nitrite contents inhibit spore germination, the salt concentrations that are sometimes used to brine the fish prior to fermentation are rarely concentrated enough to inhibit botulinum toxin formation.

The most commonly prepared fermented foods among Native Alaskans are fermented fish heads, beaver tail, seal flipper, and

whole fish. The fermentation time used by different preparers ranges anywhere from three days to “all winter.” Once fermentation is complete, readiness of the food is assessed by smell and appearance, such as a change in texture, reddening of the fish eyes, or the presence of white spots inside the fish head. The fish heads are then “kneaded in a wooden tray until they form a pasty compound,” which is eaten by the villagers.

Prior to 1961, the case-fatality rate from botulism among Alaska Natives was fifty percent. Between 1967 and 1974, it dropped to nine percent. Most recently, between 1990 and 2000, the case-fatality rate was three percent. This decline in deaths is probably attributable to the public health measures instituted to control this disease. Beginning in the late 1960s, Native populations and local clinicians were educated about prevention, signs, and symptoms of botulism. Immediate evacuation of rural patients to modern regional hospitals became custom, and most rural hospitals were required to stock the trivalent anti-A, B, and E botulinum antitoxin so that they could begin immediate treatment of individuals even before an airplane became available to transport them to a larger medical facility. An educational video was created in 2000 and distributed to rural school and medical facilities in an effort to teach proper fermentation techniques for traditional foods. Although no changes were documented among consumption and preparation practices by Native food handlers, the education of healthcare providers in recognition of botulism and reporting of cases promptly was very effective in limiting adverse outcomes.

In 2002 a survey of one hundred and forty Alaskan Natives from nine villages in the Bristol Bay area of southwestern Alaska was performed to assess the knowledge, attitudes, and practices related to the fermented foods linked to botulism. Nearly all of the individuals reported having eaten traditional fermented foods. Seventy-one percent knew that botulism was a food borne illness. Eighty-seven percent knew that they put themselves at risk by eating certain Native fermented foods. To prevent botulism, forty-five percent would consider boiling fermented foods, and sixty-five percent would not eat foods fermented in plastic or glass containers.

However, several individuals felt that it was inappropriate to ask about how the foods were prepared when being served fermented foods by friends or family.

It is clear that public health measures have increased knowledge of the prevention and early diagnosis of food-borne botulism among Alaska Natives. As traditional food preparers become sparse, educational efforts must remain intact to keep individuals cognizant of the risk of using plastic containers in their preparation practices. Fermented foods are a prized symbol of native traditions, and because traditional food consumption has numerous health benefits over the processed and sugar-laden foods that are increasingly found in rural grocery stores, it is important that Alaska Native leaders continue to promote traditional food consumption among Natives, with increased vigilance over the fermentation methods and consequences of improper storage.



*William Tappan, M.D.*

## **Bill Tappan's Death Ends the Michigan Nevada Surgery Legacy**

By Robert Daughterty, M.D.

With the death of William Tappan, MD, in Reno this past May, the University of Michigan in Nevada surgery legacy ended.

You will recall from our story on Dr. Ken Maclean (GW summer 2009), the Michigan legacy began after World War II when Dr. Maclean returned to Reno after completing his surgery residency at the University of Michigan.

During Dr. MacLean's final year in residency, Dr. Tappan was an intern in the University of Michigan program. At that time, the Michigan surgery program had an outstanding reputation under the leadership of Dr. Fred Collier. Collier had not only established an excellent reputation as an outstanding teacher of surgery, but he also was renowned for “taking care of his boys.” In those days, his residents were all male and he helped them locate into successful community practices; most often with a surgeon he trained.

As Dr. Tappan recalled to Rick Pugh in an interview for our book, *Serving Medicine*, Dr. Collier, returned to Michigan after speaking at the Reno Surgical Society and advised him to talk to Dr. Maclean in Reno. He recommended Reno as a good practice site. Dr. Tappan, a Dutch Reform boy from Holland, Michigan, had misgivings about Nevada. He didn't need a divorce and he did not gamble! However, after their visit in Reno with Dr. Maclean, Tappan and wife Sally decided to join Maclean in practice.

In 1952, upon finishing his residency, Bill and Sally moved to Reno. During his more than fifty years in practice, Dr. Tappan assumed a leadership role in Nevada's medical profession and had many accomplishments, especially during the 1960s.

He was instrumental in the building of the Nevada State Medical Association (NSMA) headquarters building in Reno, helping lay the cornerstone in 1964. In 1966, he became President of NSMA, and that year he was appointed to the first Board of Nevada Blue Shield.

Some would say that Dr. Tappan practiced during the golden age of medicine. However, he indicated to Rick Pugh in 2000 that he felt the “Golden Age of Medicine” was just beginning and in a statement that exemplifies his philosophy, he said that doctors “will have to adapt to rapidly expanding technology. ... government and insurance industry interference and they will. As long as they enjoy taking care of people they will be successful.”

With the passing of Bill Tappan, we

lost a part of the soul of medicine and ended the Michigan legacy.

Postscript: I am not aware of any other Coller trained surgeons who practiced in Nevada. If any of our readers know of any, please let me know. — Robert Daugherty, MD.  
(bob@daughertyfoundation.org)

## Longtime Faculty Member Dr. Phil Goodman Dies Unexpectedly

By Robert Daugherty, MD

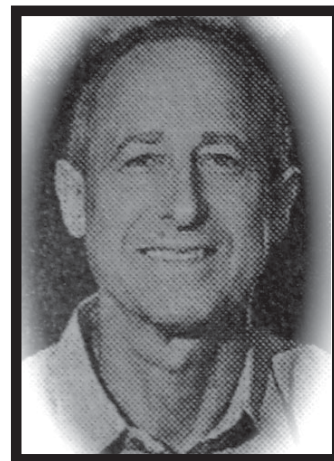
Dr. Philip Goodman died unexpectedly on August 18, 2010, from a heart attack while hiking in the mountains. He was born in Chicago in 1954 and graduated from UC Irvine's Medical School. He was a faculty member and mentor to many students and residents at the University of Nevada School of Medicine from 1983 until his death.

His friend, Dr. Steve Zell tells it best in

the following comment. "I have had the privilege of knowing Phil Goodman for thirty-three years beginning when we were medical students at UC Irvine. He and I were longtime collaborators as University of Nevada School of Medicine faculty. Phil and I quickly became close friends. I have always found him easy going, personable, and immensely interested in others personal development. He was my mentor and I looked to him constantly for direction and assistance. Phil always made himself available to faculty at the School and shared his expertise, especially in research design and statistics. Phil was an excellent instructor, always unassuming, never judgmental, and infinitely patient. He was recognized as a brilliant scientist, both locally and globally for his work in neuroscience and neuro-informatics.

Most importantly, Phil was a wonderful person outside of his professional work. He was the type of person that you'd want to keep as a friend forever. I found him not only knowledgeable but also interesting, as he had so many skills and activities outside of medicine—he was a well-rounded person. Phil had that enviable ability to

balance his life with his work. He never lost sight of his family and friends. His enthusiasm for nature and love for the outdoors was his silent passion. He always took in his surroundings and appreciated all that mother nature provided. He died young, but Phil lived every day to it's fullest."



*Phil Goodman M.D.*

GREASEWOOD TABLETTES © is a quarterly publication of the Department of Pathology, Great Basin History of Medicine Division, University of Nevada School of Medicine. Anton P. Sohn is our editor. Dr. Robert Daugherty is our co-editor. Teresa Garrison is the associate editor. Lynda D. McLellan is our production assistant. The newsletter is printed by the Department of Pathology. **The cost of publication is paid for by a grant from the Pathology Department, School of Medicine.** The editor solicits any items of interest for publication. Suggestions, corrections and comments are welcome. Please feel free to email us at asohn@medicine.nevada.edu or write us at Department of Pathology/0350, University of Nevada School of Medicine, Reno, NV, 89557. The name GREASEWOOD TABLETTES © is derived from the greasewood plant or creosote bush, a plant that was used by Native Nevadans for medicinal purposes. It is still the subject of pharmacological research today.